

Life Through The Lens - Stoke Centre

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

Life Through The Lens - Stoke Centre is operated by Life Through The Lens Limited. Facilities include one consultation room and one reception area.

The service comes under the diagnostic imaging core service, but the service undertakes baby keepsakes as the sole activity which are not providing a diagnostic service.

We inspected this service using our comprehensive inspection methodology. We undertook an unannounced inspection on 4 April 2019. To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We rated it as **Requires improvement** overall.

We found the following areas that require improvement:

- The service did not provide mandatory training in key skills to all staff and did not make sure everyone completed it. Not all staff had basic life support training, training to recognise and report abuse and Mental Capacity Act training.
- The service did not always provide care and treatment based on national guidance and evidence of its effectiveness. Managers did not check to make sure staff followed guidance.
- The registered manager did not have all the necessary knowledge they needed to run a service providing high-quality sustainable care.

- The service did not systematically improve service quality and did not safeguard high standards of care. The registered manager was not aware of all the risks to the service.
- Staff were not able to demonstrate they had a cleaning checklist in place.
- Staff stored 'control substances that are hazardous to health' (COSHH) products in an unlocked cupboard.
- The registered manager did not monitor the effectiveness of care and treatment and used the findings to improve them.
- The service did not have access to a translation service for non-English speakers.

We found the following areas of good practice:

- The service had a good system in place for referring patients to other organisations, managing patient incidents and dealing with patient complaints.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness and would provide support if necessary. The service engaged well with women who use the service.
- The service mostly had suitable premises and equipment and looked after them well.
- Staff of different kinds worked together as a team to benefit patients. Healthcare professionals supported each other to provide good care.
- The service had a procedure in place for gathering consent from women prior to any scan and staff followed this.
- The service planned and provided services in a way that met the needs of local people and people could access the service when they want to.

Summary of findings

- The registered manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt well supported by the registered manager.

Following this inspection, we told the provider that it must make some improvements where regulations have been breached and it should make other improvements, to help the service improve. We issued three requirement notices. Details are at the end of the report.

Amanda Stanford

Deputy Chief Inspector of Hospitals (Central)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Requires improvement



Summary of each main service

The provision of ultrasound scanning services, which is classified under the diagnostic core service, was the only core service provided at Life Through The Lens – Stoke Centre.

We rated the service as requires improvement overall because staff did not have the appropriate mandatory training and there was no system in place to monitor this. The service did not have evidence of using national guidance. The service did not undertake any audits to monitor that staff were following best practice.

However, at the time of our inspection, there were also areas of good practice such as processes in place for the escalation of unexpected findings during ultrasound scans. Feedback from women and their families was extremely positive. Women could access services and appointments in a way and at a time that suited them, women had timely access to treatment and there was a positive culture at the service.

Summary of findings

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Requires improvement



Life Through The Lens - Stoke Centre

Services we looked at:

Diagnostic imaging

Summary of this inspection

Background to Life Through The Lens - Stoke Centre

Life Through The Lens - Stoke Centre is operated by Life Through The Lens Limited. The service opened in 2013. It is a private service in Stoke on Trent, West Midlands. The service primarily serves the communities of Stoke on Trent. It also accepts patients from outside this area. All ultrasound scans performed at Preview Baby Limited are in addition to those provided through the NHS.

The service has had a registered manager in post since it opened.

Our inspection team

The team that inspected the service comprised one CQC lead inspector. The inspection was overseen by Phil Terry, Inspection Manager.

Information about Life Through The Lens - Stoke Centre

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we visited this service. We spoke with three staff including the registered manager, sonographer and receptionist. We spoke with three women and four relatives and reviewed four sets of patient records.

All patients who used the service were private patients. This service provided mementos and were not undertaking any form of clinical or diagnostic screening.

The service mostly operated two evenings a week with opening 4pm – 8pm and on Saturday 9am – 5pm.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had not been inspected before this time.

Activity (1 March 2018 to 28 February 2019)

- We requested the number of women seen during the reporting period 1 March 2018 to 28 February 2019, however this number was not provided. All women were privately funded.

Track record on safety

- The service reported zero never events from 1 March 2018 to 28 February 2019.
- The service had not recorded any incidents from 1 March 2018 to 28 February 2019.
- The service reported zero serious injuries from 1 March 2018 to 28 February 2019.
- The service received six complaints from 1 March 2018 to 28 February 2019.
- Preview Baby Limited reported zero incidents of health associated MRSA, Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (C. diff), and Escherichia Coli (E-Coli).

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated it as **Requires improvement** because:

- The service did not provide mandatory training in key skills to all staff.
- The service did not have an infection control policy in place.
- Not all staff had received training on how to recognise and report abuse.
- Staff were not able to demonstrate they had a cleaning checklist in place.
- Staff stored 'control substances that are hazardous to health' (COSHH) products in an unlocked cupboard.

However, we also found the following areas of good practice:

- On inspection, staff kept themselves, equipment and the premises clean.
- The service mostly had suitable premises and equipment and looked after them well.
- The service had a good system in place for referring patients to other organisations.
- The service had enough staff with the right qualifications, skills, and experience to work at the service.
- Staff kept records of patients' personal details. Records were clear, up-to-date and easily available to all staff providing care. Staff had paper and electronic records.
- The service had a system in place to manage patient safety incidents.

Requires improvement



Are services effective?

We do not rate this key question.

- The service did not always provide care and treatment based on national guidance and evidence of its effectiveness. Managers did not check to make sure staff followed guidance.
- The registered manager did not monitor the effectiveness of care and treatment and used the findings to improve them.
- Staff at the service did not have up to date Mental Capacity Act training.

However, we also found the following areas of good practice:

- The service mostly made sure staff were competent for their roles. Managers appraised staff's work performance with them to provide support and monitor the effectiveness of the service.

Summary of this inspection

- Staff with different roles worked together as a team to benefit patients. Healthcare professionals supported each other to provide good care.
- The service had a procedure in place for gathering consent from women prior to any scan and staff followed this.

Are services caring?

We rated it as **Good** because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Good



Are services responsive?

We rated it as **Good** because:

- The service planned and provided services in a way that met the needs of local people.
- The service mostly took account of patients' individual needs.
- People could access the service when they wanted it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However, we also found the following areas of practice that require improvement:

- The service did not have access to a translation service for non-English speakers.

Good



Are services well-led?

We rated it as **Requires improvement** because:

- The registered manager did not have all the necessary knowledge they needed to run a service providing high-quality sustainable care.
- The service did not systematically improve service quality and did not safeguard high standards of care.
- The registered was not aware of all the risks to the service.

However, we also found the following areas of good practice:

- The registered manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Requires improvement



Summary of this inspection

- Staff felt well supported by the registered manager.
- The service had some systems in place to identify potential problems, and dealt with those problems they identified.
- The service collected and managed information well to support all its activities, using secure systems with security safeguards.
- The service engaged well with women, staff, and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.





Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Requires improvement	N/A	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	N/A	Good	Good	Requires improvement	Requires improvement

Diagnostic imaging

Safe	Requires improvement 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Requires improvement 

Are diagnostic imaging services safe?

Requires improvement 

We rated it as **requires improvement**.

Mandatory training

- **The service did not provide mandatory training in key skills to all staff.**
- Sonographers at the service did not have the mandatory training they needed. We would expect staff to complete safeguarding adults and children and basic life support as a minimum standard. There were two sonographers who worked at this location. One sonographer worked at an NHS hospital and one had retired from the NHS over two years ago and this was her sole employer. The sonographer who no longer worked within the NHS had not received any mandatory training in the last two years. We raised this issue on inspection, and the sonographer was booked onto emergency first training and safeguarding children and adults' level three training. The service told us the sonographer who also worked at an NHS hospital had received mandatory training, we received evidence they had completed level three safeguarding training.
- The receptionist had not received any training whilst working within the service.
- The service did not monitor mandatory training of staff at the service. Following the inspection this issue was raised with the registered manager. The service failed to demonstrate they had a system in place in order to monitor mandatory training of its staff.

Safeguarding

- **Staff understood how to protect patients from abuse and the service. However, all staff had not had training on how to recognise and report abuse.**
- Staff working at the service did not have the appropriate level of safeguarding training. Although the service did not provide ultrasound services to adolescents under the age of 16 years, children frequently attended ultrasound scan appointments with their mothers. The sonographer who no longer worked within the NHS did not have up to date adult or children's safeguarding training. We requested up to date safeguarding training certificates for the sonographer who worked within the NHS, they had completed safeguarding level three training. At the time of inspection, this did not meet the intercollegiate guidance 'Safeguarding children and young people: roles and competencies for health care staff' (March 2014).
- The service had a safeguarding lead. We received a safeguarding training certificate for the safeguarding lead, however this training had taken place in 2010.
- The receptionist acted as a chaperone for women who asked for one whilst using the service. The receptionist had not received any safeguarding training since they had been employed at the service. This did not meet the intercollegiate guidance 'Safeguarding children and young people: roles and competencies for health care staff' (March 2014).
- The service used the local councils policies found in the services "What to do if" manual. This manual included the process to follow, copies of safeguarding

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forms and a list of appropriate local safeguarding team numbers. They have never had to make any safeguarding referrals to the local council. Staff knew where to find the safeguarding information if they ever needed to make a safeguarding referral.

Cleanliness, infection control and hygiene

- **The service did not have controls in place to manage infection risks well. However on inspection, staff kept themselves, equipment and the premises clean.**
- The clinic room, toilet, reception and waiting areas were visibly clean and clutter free on the day of our inspection.
- The service did not have a policy in place around infection control. This meant that the minimum hygiene standards were not written out for staff and there was no continuous assurance that all staff were aware of relevant hygiene standards.
- The receptionist was responsible for cleaning all areas of the service and told us they cleaned everything regularly. However, the service did not have any cleaning records to evidence that cleaning was carried out on a daily basis. This issue was raised with the registered manager following the inspection and since they have told us that they have created a cleaning checklist. We requested a copy of this however, it was not provided.
- Flooring throughout the clinic was well maintained and visibly clean. Flooring in the procedure and recovery rooms was in line with national requirements ('Health Building Note 00-10 Part A: Flooring', Department of Health, 2013).
- The sonographer followed routine disinfection of equipment and cleaned the transducer between each scan that was undertaken. The transducer is the only part of the ultrasound machine that makes contact with the women during the scan process.
- Disposable paper towels were used to cover the examination couch during the scanning procedure. This was changed between each woman.
- A supply of personal protective equipment (PPE) was available and accessible to all staff, including gloves and aprons.

- There were suitable handwashing facilities available, which included handwashing basins and sanitiser gels in the clinic rooms and toilet. Staff told us they washed their hands before and after each patient contact.
- The sonographer was seen to be bare below the elbows during all the scans that were undertaken whilst we were visiting the service. The sonographers wore short sleeved uniforms
- Staff at the service did not undertake any audits relating to infection prevention. This issue was raised with the registered manager following the inspection and since then there has been no evidence that audits have been put in place.
- The service did not have a risk assessment for Legionnaires' disease. Legionnaires' disease is a serious pneumonia caused by the legionella bacteria. People become infected when they inhale water droplets from a contaminated water source such as water coolers and air conditioning systems.
- There had been no instances of healthcare acquired infections since the service opened.

Environment and equipment

- **The service mostly had suitable premises and equipment and looked after them well.**
- The service was on the ground floor of a two-storey building and consisted of a combined imaging and consultation room, a reception and a waiting area. There was an ultrasound machine and associated 'short form' couch. There was a television on the wall which mirrored the ultrasound machine positioned so the patient could see it.
- The environment in which the scans were performed was homely, and well arranged. Staff turned the lights off when undertaking a scan to darken the room, which meant scans could be observed clearly. Similarly, the sonographers ensured the clinic room door was closed during the ultrasound scans to promote the privacy and dignity of women.
- The service upgraded their scan machine in 2017 line with advances in technology within the industry pictures. The service had the ultrasound machine serviced on annually this was carried out by an

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external company. The service did not have a contract for repairing the machine due to its infrequent use, but the registered manager told us they would use the same external company if any repairs were required.

- The service carried out annual testing on electrical equipment that it had on site. Electrical items displayed stickers confirming the tests had been carried out and the items were safe.
- The service had a daily electrical equipment checklist which was filled in by the receptionist each day they opened. The service also had a protocol in place around what to do if there was an issue or fault with any equipment.
- Staff stored 'control substances that are hazardous to health' (COSHH) products in an unlocked cupboard in the kitchen which could have been accessed by anyone on the site. COSHH is the law that requires employers to control substances that are hazardous to health. We raised this issue with the registered manager of the service following the inspection and they have since told us that they are getting a lock fitted to the cupboard. However, we have not received any evidence this has actually taken place.
- Waste was handled and disposed of in a way that kept people safe. Staff used the correct system to handle and sort non-clinical waste.

Assessing and responding to patient risk

- **Staff did not have the appropriate training to protect patients from avoidable harm. However, the service had a good system in place for referring patients to other organisations.**
- At the time of inspection, the sonographer had not received any basic life support training in over two years. We raised this issue with the registered manager and the sonographer was booked onto a basic life support training course. We were told the sonographer who still worked within the NHS had received basic life support training, however we never received any training certificates to confirm this.
- All patients' scans were for non-clinical purposes and there was no diagnosis involved. Because of this there

was no risk assessment done for patients. Women were made aware of this beforehand and signed a legal disclaimer to say they understood this was the case.

- All staff clearly explained the process to follow if they suspected there was an issue with the pregnancy or the foetus. If the woman was under 16 weeks pregnant the sonographer would refer them to the early pregnancy unit and the GP. If the woman was over 16 weeks pregnant they would refer them to the assessment medical unit at the relevant hospital. The service would contact the relevant unit directly to refer the woman and would send the hospital a copy of the scan record in order to aid them.
- Staff at the service made six referrals between 1 March 2018 and 28 February 2019. This was a referral rate of 0.04%.
- Staff advised women about the importance of still attending their NHS scans and appointments. The sonographers made sure women understood that the ultrasound scans and screening tests they performed were in addition to the routine care they received as part of their maternity pathway. The terms and conditions for the service clearly explained this. Women were asked to sign a contract to confirm they had read and understood the terms and conditions before any service was undertaken.
- At the time of inspection, the sonographer had not received any basic life support training in over two years. We raised this issue with the registered manager and the sonographer was booked onto a basic life support training course. We were told the sonographer who still worked within the NHS had received basic life support training, however we never received any training certificates.
- Staff on the site were not aware of the British Medical Ultrasound Society (BMUS) and Society of Radiographers 'pause and check' checklist and did not follow this process. There was no BMUS 'pause and check' poster displayed at the service. This issue was raised with the registered manager following the inspection and they have not provided any specific assurances related to this guidance.

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- Scan reports were completed immediately after the scan had taken place, which we observed during our inspection.
- The service had undertaken a health and safety risk assessment in 2012. Since this date there had not been another risk assessment undertaken at the service.
- In the service's 'What to do if' manual it had procedures in place for if there was a fire, a gas leak and a water leak.

Staffing

- **The service had enough staff with the right qualifications, skills, and experience to work at the service. However, they did not have the appropriate training to people safe from avoidable harm.**
- The service had a registered manager, two sonographers, one receptionist and one member of booking line staff.
- One of the sonographers also worked at an NHS hospital and we were told they had received the appropriate mandatory training; however, we were not provided with all the certificates. One sonographer had not worked in the NHS so had not received the appropriate mandatory training in two years. Since the inspection, the service has booked the sonographer on some relevant training courses.
- All staff we spoke with felt that staffing was managed appropriately. At all times, there were at least two staff in the clinic; this included a receptionist and a sonographer. No staff members were required to work as a 'lone worker'. Where staffing levels fell below this agreed threshold, all appointments would be rearranged.
- The service did not use any bank or agency staff.
- There had been instances of staff sickness during the year prior to the inspection.
- At the time of inspection, the service had no vacancies.

Records

- **Staff kept records of patients' personal details. Records were clear, up-to-date and easily available to all staff providing care. Staff had paper and electronic records.**
- During diagnostic ultrasound scans, the sonographer completed an electronic scan report during the woman's appointment. A printed copy of the scan report was given to the woman to take away with her. The service also stored the electronic-copy of the scan report, in case they needed to refer to the document in future. These electronic copies were deleted on an approximately six weekly basis.
- If making a referral based on a potential fetal problem, and with consent of the woman, the sonographer would also send a copy of the scan report to the woman's GP or another relevant healthcare professional.
- Staff recorded all the specified information in a clear and accurate way. This included the woman's estimated due date, the type of ultrasound scan performed, the findings, conclusions, and recommendations.
- Staff stored completed consent records and blood sample forms securely in locked filing cabinets. We saw four of these consent forms completed and signed. These consent forms were kept for three years before they were destroyed.
- The service's computer was encrypted, and password protected and along with the website was compliant with General Data Protection Regulation (GDPR).

Medicines

- The service did not use or store medicines, including controlled drugs.

Incidents

- **The service had a system in place to manage patient safety incidents.**
- The service did not have any never events in the 12 months before our inspection. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a

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national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

- In accordance with the Serious Incident Framework 2015, the service did not report any serious incidents in the 12 months before our inspection.
- The registered manager had overall responsibility for investigating any incidents that were reported, if there was to be an incident.
- Staff at the service were able to explain what duty of candour meant to them and explained if there were ever any incidents they will be open and honest with everyone involved. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered manager were aware of the requirements for reporting incidents to the CQC using the statutory notification route if this met the criteria, under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Are diagnostic imaging services effective?

We do not rate this key question.

Evidence-based care and treatment

- **The service did not always provide care and treatment based on national guidance and evidence of its effectiveness. Managers did not check to make sure staff followed guidance.**
- The service did not evidence it followed the 'ALARA' (as low as reasonably achievable) principles. This is in line with national guidance written by The Society and College of Radiographers (SCoR) and British Medical

Ultrasound Society (BMUS) ('Guidelines for Professional Ultrasound Practice', (December 2018)). Staff were not aware of the principle and it was not referenced in any of the policies the service had.

- The service did not evidence it adhered to the 'Paused and Checked' checklist, which was designed as a ready reminder of the checks that need to be made when any ultrasound examination is undertaken. Staff were not aware of the principle and it was not referenced in any of the policies the service had. This was not in line in line with national standards outlined by SCoR and BMUS.
- The service did not have local policies in place demonstrating they followed National Institute for Health and Care Excellence (NICE), Society and College of Radiographers (SCoR) and British Medical Ultrasound Society (BMUS) guidelines.
- The registered manager told us they was assured that staff would not discriminate on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation. There were no incidents to indicate that this was not the case.
- The service did not have an equality and diversity policy in place.

Patient outcomes

- **The registered manager did not monitor the effectiveness of care and treatment and used the findings to improve them.**
- The service did not carry out a peer review audits to assess the quality of the pictures and accurate identification of gender in their scans. These audits should be undertaken in line with guidance issued by the British Medical Ultrasound Society (BMUS). This guidance recommends that peer review audits are completed using the ultrasound image and the written report.

Competent staff

- **The service mostly made sure staff were competent for their roles. Managers appraised staff's work performance with them to provide support and monitor the effectiveness of the service.**

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- As part of our inspection, we reviewed the two staff personnel files that were on site. We found they all contained evidence of employment history, relevant qualifications, regular appraisals and a DBS check. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- The registered manager carried out appraisals of all staff members performance on a six-monthly basis. Appraisals provide evidence that individuals still hold the necessary skills and competencies to undertake their role safely and effectively.
- Staff did not have all the mandatory training in place they needed in order to carry out their roles and keep patients safe from avoidable harm.
- There were two sonographers who worked at this location. One of the sonographers was also employed by an NHS hospital and one had worked in an NHS hospital previously.
- Staff we spoke with told us they had received a local induction at the service and worked closely with another colleague when they began employment.

Multidisciplinary working

- During our inspection of the service, staff described positive examples of the sonographers and receptionists working well together. Their professional working relationship promoted a relaxed environment for women and helped to put women and their families at ease.
- Although there had not been any formal staff meetings at the time of our inspection, staff reported that they were in regular contact with the registered manager and had a positive working relationship.
- The service had established pathways in place to refer women to their GP or local NHS trust if any concerns were identified during their appointment. Staff communicated their referral to the local NHS trust or GPs by telephone.

Seven-day services

- The service usually ran clinics three days per week. It opened Tuesday and Thursday evenings as well as Saturday. Opening times varied each day depending on the amount bookings.

Consent and Mental Capacity Act

- **The service had a procedure in place for gathering consent from women prior to any scan and staff followed this. However, staff did not have up to date Mental capacity act training.**
- There were processes to ensure women consented to procedures. All women received written information to read and sign before their scan appointment. This information included terms and conditions, such as scan limitations, consent and use of data. Staff checked the form was signed before a woman's appointment.
- The service was transparent with its pricing and these were displayed on leaflets, on the internet, on the premises and discussed with potential patients on the phone.
- The sonographer we spoke with understood their roles and responsibilities under the Mental Capacity Act (2005). They knew how to support women who lacked the capacity to make decisions about their care. However, this sonographer did not have up to date Mental Capacity training.

Are diagnostic imaging services caring?

Good 

We rated it as **good**.

Compassionate care

- **Staff cared for women with compassion. Feedback from women confirmed that staff treated them well and with kindness.**
- The service actively sought the views of patients. Patients were encouraged to leave feedback on social media. The average score for the service was 4.9 out of five based and had been recommended by 225 people. Patients commented that they "Could not fault the service", and women had "an amazing experience" and staff were "very welcoming".

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- During our inspection we spoke with three women about their care. Feedback was positive. Two of the women had visited the service for previous pregnancies and were happy with the service they received then and now.
- Staff protected women's privacy and dignity. Staff scanned women in a private room and ensured the door was closed before the scan was undertaken. A sheet was provided for the woman to cover herself.
- The receptionist would act as a chaperone for women receiving scans if they wanted one. However, as the sonographer was female this service was not taken up.
- The receptionist assisted women promptly and was friendly and efficient.

Emotional support

- **Staff provided emotional support to women to minimise their distress.**
- The service did not provide information leaflets or advice on miscarriage. This decision was made alongside the hospital in order to maintain the hospital as the primary service in dealing with any pregnancy related problems.
- The sonographer talked to women and their relatives during procedures to put them at ease and explained what the women were seeing at the time in order to reduce any stress or anxiety a woman may have.
- Scan results were given to the women at the time of their appointment. Contact numbers were on the scan reports for who to ring with any concerns or questions they had after the appointment.

Understanding and involvement of patients and those close to them

- **Staff involved women and those close to them in decisions about their care and treatment.**
- Staff communicated with patients so that they understood their care, treatment, and condition.
- People using the service said that staff were thorough, took time to explain procedures to them and they felt comfortable and reassured. People using the service felt they were given adequate information.

- Women were provided with appropriate information about pricing and scan options before their visit.
- Carers and representatives of the women were welcome to attend the appointments and staff ensured they were involved in the visit. During the three scans we observed, the sonographer engaged all family members and ensured the woman's partner and child felt fully involved in the scan process.

Are diagnostic imaging services responsive?

Good 

We rated it as **good**.

Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.**
- Women's individual needs and preferences were central to the planning and delivery of the service. The service was flexible and provided choice of scan options and appointment times based on those scan options.
- The service offered early reassurance scans, reassurance scans, 2D gender scans and 3D/4D multi-scans.
- The environment was appropriate and patient centred. There was a comfortable seating area and toilet facilities for patients and visitors. The service was not wheelchair accessible, this information was available on booking.
- Patients were provided with appropriate information about pricing and scan options before their visit.
- Patients had good access to the centre by car and public transport. The reception area was clean and tidy with access to magazines and toilet facilities for patients and relatives.
- The service offered keepsake and souvenir options, which could be purchased for a small fee at reception.

Meeting people's individual needs

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- **The service mostly took account of patients' individual needs.**

- The service was not fully accessible for women or relatives in a wheelchair due to the layout of the building. The receptionist always ensured they asked about any special needs upon booking and made sure that the women could get up and down stairs before they attended the scan.
- The couch could accommodate women with a high Body Mass Index.
- Staff did not have access to a translation service if a non-English speaker came for a scan. Staff told us they had never had any non-English speakers attend the service for a scan. Staff at the service told us they would use a family member to translate if this was the case, this is not in in with best practice. The service assured us it would always use a translation service in the future.

Access and flow

- **People could access the service when they wanted it.**

- Women could book appointments through the website, social media or by phone. During this time, they would inform the service the type of scan they wanted and preferred time. The services appointment system was easy for everyone to use and where possible they offered service users an appointment at a date and time to suit their needs. The service tried to accommodate same day appointments if possible.
- The service did not charge women who did not attend. The registered manager was aware that certain unavoidable circumstances may arise from time to time and did not think that financially penalising them was good practice.
- Staff saw women promptly. The registered manager allowed the appropriate amount of time based on the type of appointment so that women were always seen on time as the appointments had time built in to potentially over run if there were difficulties getting a good scan image.

- Staff always informed service users about any changes or disruptions that may affect their care with the service and tried to avoid disruptions from happening. Delays were mostly caused due to women arriving at the service late rather than scans over running.
- Women were not kept waiting when they arrived and had the option to return if they had not been able to get a good photo from the scan due to the position of the baby.
- The service did not have any urgent referrals.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Information on how to make a complaint was readily accessible to women. For examples, the service had leaflets or a notice in the reception area.
- The service had a complaints' procedure in place within the 'What to do if' manual. The registered manager told us they would always try to resolve any complaint by a customer by listening to them and welcoming any suggestions they may have to improve our service.
- The receptionist was responsible for picking up any complaints at the location and then passed them on to the administrator of the service was responsible for dealing with formal complaints. The administrator would also pick up complaints from social media and respond to these complaints.
- The service had six complaints between 1 March 2018 and 28 February 2019. We reviewed three of these and found the registered manager had responded compassionately and in a timely manner. The registered manager had allowed for re-scans in two of the three complaints reviewed when it was appropriate to do so.
- The service had 65 compliments between 1 March 2018 and 28 February 2019.

Diagnostic imaging

Are diagnostic imaging services well-led?

Requires improvement 

We rated it as **requires improvement**.

Leadership

- **The registered manager did not have all the necessary knowledge they needed to run a service providing high-quality sustainable care. However, staff felt well supported by the registered manager.**
- The registered manager had an awareness of the service's performance, limitations, and the challenges it faced. However, they did not fully understand all the necessary training required for staff and know the necessary national guidance that needed to be embedded in policies.
- Staff knew the management arrangements and told us they felt well supported.
- The registered manager had undertaken a basic ultrasound course in order to better understand the day to day working of the service.
- All staff spoke overwhelmingly positively about the registered manager of the service. They said the directors were friendly, approachable, and effective in their roles. Staff felt confident to discuss any concerns they had with them.

Vision and strategy

- The service did not have a documented vision or strategy, the registered manager told us that the vision and strategy was, 'Our vision and strategy is to provide a safe, relaxing informal experience for expecting parents and wider family members to achieve reassurance in what can be an anxious period.'

Culture

- **The registered manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- We spoke with three members of staff who all spoke positively about the culture of the service. Staff felt

supported, respected, and valued, and all reported that they felt proud to work for the service. There was a sense of ownership and pride in the service provided, and staff strived for excellence in the quality of service women received.

- The service operated an open and honest culture to encourage team working within the organisation.
- During and after our inspection, we informed the registered manager that there were areas of the service which required improvement. They responded positively to this feedback and made some changes to the service and carried out some of the actions we recommended. However, there are still several areas which need improvement that have yet to be put in place.
- The registered manager told us they would carry out any action was taken to address behaviour that was inconsistent with the ethos of the service. They would use a performance management procedure to attempt to work with staff members.
- The service had a section about what do if you observe bad staff practice in the 'what to do if' folder. This covered the whistleblowing procedure that staff should follow if they observe any poor staff practice.

Governance

- **The service did not systematically improve service quality and did not safeguard high standards of care.**
- The service did not have all the appropriate policies in place within the service. The services 'What to do if' folder covered several of the key areas needed for staff members including equipment and building issues, staff illness, medical emergencies, safeguarding, complaints and whistleblowing. The service did not have any policies and procedures in place that covered areas of appropriate areas of national guidance.
- The service carried did not carry out any audits to ensure compliance with fundamental standards. We raised this issue with the registered manager following the inspection and we did not receive any evidence that the service has begun to carry out any audits.

Diagnostic imaging

- Staff at the service did not have formal sit-down team meetings. Considering the size of the service, we would not expect them to have formal sit-down staff team meetings. Staff could raise any issues or problems with the registered manager at any time on an ad hoc basis and staff told us that the registered manager was responsive and took issues seriously and actioned them as a result.

Managing risks, issues and performance

- **The service had some systems in place to identify potential problems, and dealt with those problems they identified. However, the registered manager was not aware of all the risks to the service.**
- Given the small size of the service, the registered manager did not hold a risk register. However, the registered manager was not aware of risks to the women who used service due to lack of mandatory training, lack of audits and policies in relation national guidance.
- The service had undertaken a health and safety risk assessment in 2012 and it had been re-checked and signed each year by the registered manager. The risk assessment contained actions which had been carried by the service.
- The service did not use formal key performance indicators to monitor performance. However, the service used patient feedback, complaints, and staff feedback to help identify any necessary improvements and ensure they provided an effective service.

Managing information

- **The service collected and managed information well to support all its activities, using secure systems with security safeguards.**
- The service was aware of the requirements of managing a woman's personal information in accordance with relevant legislation and regulations. General Data Protection Regulations (GDPR) had been reviewed to ensure the service was operating within them.

- The service was registered with the Information Commissioner's Office (ICO), which is in line with 'The Data Protection (Charges and Information) Regulations' (2018). The ICO is the UK's independent authority set up to uphold information rights.
- Women's records and scan reports were easily accessible and were kept secure. Paper records were stored in locked filing cabinets, and all electronic records and systems were password protected.

Engagement

- **The service engaged well with women, staff, and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- While patient feedback forms used to be available for women to complete in the waiting area, staff told us that very few women left feedback through this method. Instead, most women left feedback on the service's social media pages.
- The social media pages were monitored daily as staff recognised that this was women's preferred method of communication. All patient feedback, including comments left on social media, were discussed by the staff group.
- While team meetings were not held, staff told us they felt actively engaged in service planning and development. Staff told us they could raise anything with the registered manager and had regular contact in person and over the phone.
- The registered manager engaged with partner organisations with regards to processes for referring women to establish the best processes that would suit both organisations.

Learning, continuous improvement and innovation

- The service did not provide any examples of learning, continuous improvement or innovation.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The registered manager must ensure staff at the service have the appropriate mandatory training to carry out the role. This was a breach of Regulation 18 (2)(a) HSCA 2008 (Regulated Activities) Regulations 2014 – Staffing. This includes basic life support training and safeguarding training in line with intercollegiate guidance ‘Safeguarding children and young people: roles and competencies for health care staff’ (March 2014). This was a breach of Regulation 12 (1) HSCA 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.
- The registered manager must ensure it has a system in place to monitor the mandatory training of its staff. This was a breach of Regulation 17 (1) HSCA 2008 (Regulated Activities) Regulations 2014 – Good governance.
- The registered manager must ensure it has an infection control policy in place. This was a breach of Regulation 17 (1) HSCA 2008 (Regulated Activities) Regulations 2014 – Good governance. This includes a cleaning checklist to monitor cleanliness each day the service operates.

- The registered manager must ensure staff at the service follow national guidance and that policies are in place in line with national guidance. This was a breach of Regulation 17 (2)(a)(b) HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment – Good governance.
- The registered manager must ensure that they carry out audits of the service in order to safeguard high standards of care. This was a breach of Regulation 17 (2)(a)(b) HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment – Good governance.

Action the provider **SHOULD** take to improve

- The service should consider it gets a lock fitted on the cupboard in order to keep ‘control substances that are hazardous to health’ (COSHH) stored safely.
- The service should consider it carries out peer review audits assess the quality of the pictures in their scans in line with national guidance.
- The registered manager should consider that staff have access to a translation service for any non-English speaking women are being scanned.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment

Staff were not appropriately trained in basic life support.

Regulation 12 (1)

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 – Good governance

There was no system in place for the registered manager to monitor mandatory training.

Staff at the service were not kept up to date with national guidance and this was not referred to in local policies.

No audits were undertaken at the service.

The service did not have an infection control policy in place.

Regulation 17 (1) (2)(a)(b)

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Regulation 18 HSCA 2008 (Regulated Activities)
Regulations 2014 – Staffing

Staff had not received the appropriate training.

Regulation 18 (2)(a)